



Application for Reinstatement of Retirement

Purpose of the Form

- Use this form to reinstate your retirement status.

Instructions

- Complete the form and send it to PERSI.

Member Information					
Name (as it appears on your Social Security card) First Middle Last				Social Security Number 	
Mailing Address	Street or P.O. Box				
	City		State	Zip Code	
Daytime Phone Number Area Code Phone Number			Date of Birth Month Day Year		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married					
Name of My Most Recent PERSI Employer					
Date of My Most Recent Termination from Employment Month Day Year					

Member Certification	
I apply for reinstatement of my retirement eligibility as provided by Idaho Code §59-1356.	
Signature	Date

